

## **Accreditation Report – Project Recovery**

**Date of Review:** January 12, 2022

**Substance Use Disorder Score:** 63.3%

### **REVIEW PROCESS:**

Project Recovery was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on January 12, 2022. This report contains the following:

- Agency Summary
- Stakeholder Results
- Interview Results
- Administrative and Client Case Record Findings
- Areas of Recommendation
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score.

### **AGENCY SUMMARY:**

Project Recovery is a clinic in Rapid City, SD that provides Medication Assisted Treatment (MAT) and Outpatient Substance Use Disorder Services (SUD). The agency is seeking new accreditation for Outpatient Substance Use Disorder Services.

Project Recovery is owned by Dr. Stephen Tamang. The Administrative Director is Dave Christensen. Project Recovery's website states they provide "medical care and compassion to patients with substance use disorders." Project Recovery wants to provide seamless services between MAT and Outpatient SUD services for those who need both. Project Recovery works with other agencies throughout western South Dakota and works with the Pennington County drug courts and diversion programs.

### **INTERVIEW RESULTS:**

**Description:** The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a

scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

*The Office of Licensing and Accreditation interviewed the director, the clinical supervisor and an addiction counselor trainee. The director noted flexibility and seamless services with their MAT patients as strengths of their SUD program. The director also noted that Project Recovery works closely with drug court and the diversion program. The addiction counselor trainee currently works at Project Recovery only part time, but works as a peer support specialist. She hopes to be able to build the SUD program to the point where she will be able to provide SUD counseling full time.*

*The Office of Licensing and Accreditation did not interview any clients for this review.*

#### **STAKEHOLDER SURVEY:**

**Description:** Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

*There are no stakeholder results for Project Recovery, as they are a newly accredited agency.*

#### **AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:**

**Description:** The following areas are identified as areas that the agency is recommended to review and ensure they are corrected. The areas identified met minimum standards which do not require a plan of correction at this time; however if they continue to be found out of compliance on the next accreditation review, they could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:05:04, The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:

- Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
- The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003).
- The proper maintenance and handling of client case records;
- The agency's philosophical approach to treatment and the agency's goals;
- The procedures to follow in the event of a medical emergency or a natural disaster;
- The specific job descriptions and responsibilities of the employees;
- The agency's policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and
- The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 262-8A-3 and 26-8A-8.

*None of the personnel files reviewed had documentation of orientation within 10 business days of employment. Project Recovery is not found to be out of compliance with this Administrative Rule, as all SUD staff members reviewed were already employed by Project Recovery before their accreditation for Outpatient SUD services.*

2. According to ARSD 67:61:05:08 the agency shall maintain written personnel policies and records for all staff including provisions for equal employment opportunities. Each agency shall maintain a personnel file or record or both for each staff member including contracted staff, interns, or volunteers. The file must include the following:
  - The application filed for employment or resume and transcripts or diploma and continuing education;
  - The position description signed by the staff with a statement of duties and responsibilities and the minimum qualifications and competencies necessary to fulfill these duties;
  - The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations;
  - The staff's orientation documentation in accordance with ARSD 67:61:05:05;
  - Copies of the staff's current credentials related to job duties; and

- Any staff health credentials, including the tuberculin test results, if required, and any clearances from a licensed physician after an infectious or contagious disease requires the staff's absence from the program.

*Project Recovery did not have any of the above required documentation in the reviewed personnel files. Project Recovery is not found to be out of compliance with this rule, as all staff reviewed had already been employed by Project Recovery prior to their accreditation for outpatient SUD services. If Project Recovery hires new SUD staff, these requirements will need to be met in order to be in compliance.*

3. According to ARSD 67:61:05:12, each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

*None of the personnel files reviewed had documentation of a check of the Inspector General's List of Excluded Individuals and Entities upon hire. Project Recovery is not found to be out of compliance with this rule, as all staff reviewed had already been employed by Project Recovery prior to their accreditation for outpatient SUD services. Additionally, Project Recovery will need to ensure the list is checked at least annually for all clinical staff, to remain in compliance with this rule.*

### **AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:**

**Description:** The following areas will require a plan of correction to address the rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of the rule.

1. According to ARSD 67:61:07:10, when a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

*In the only applicable reviewed client file, Project Recovery did not have reasonable attempts at re-engagement documented.*

2. According to ARSD 67:61:07:05, an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:
  - Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
  - Presenting problems or issues that indicate a need for services;
  - Identification of readiness for change for problem areas, including motivation and supports for making such changes;
  - Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
  - Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;
  - Family relationship issues along with social needs;
  - Educational history and needs;
  - Legal issues;
  - Living environment or housing;
  - Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
  - Past or current indications of trauma, domestic violence, or both if applicable;
  - Vocational and financial history and needs;
  - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;
  - Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health,

substance use disorder, or gambling issues or a combination of these based on integrated screening;

- Eligibility determination; including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable;
- Clinician's signature, credentials, and date; and
- Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.

*Four out of seven reviewed client files did not have integrated assessments completed.*

*Additionally, in the three files in which integrated assessments were completed, there was no documentation of past or current indications of trauma or domestic violence.*

3. According to 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care:
  - The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
  - The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
  - New problems have been identified that are appropriately treated at the present level of care. The new problem or



priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the clients' new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 30 calendar days for outpatient treatment program.

*All five applicable reviewed client files were missing continued service criteria.*

4. According to ARSD 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient treatment, day treatment, clinically-managed low intensity residential treatment, clinically-managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:
  1. Productive cough for a two to three week duration;
  2. Unexplained night sweats;
  3. Unexplained fevers; or
  4. Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.

*All five applicable reviewed client files were missing tuberculosis screenings.*

**PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:**

**Description:** This is Project Recovery's first provisional site review, and thus have had no prior areas requiring a plan of correction.

**SUBSTANCE USE DISORDER ACCREDITATION RESULTS:**

**Administrative Review Score:** 100%

**Combined Client Chart Review Score:** 54.6%

**Cumulative Score:** 63.3%

**ACCREDITATION ADDENDUM:**

**Description:** Project Recovery was below the 70% compliance threshold to receive a one year provisional accreditation at their site review on January 12, 2022. Project Recovery was required to send additional client documentation regarding the areas of non-compliance listed earlier in this report. Those areas include: integrated assessments, progress notes, continued service criteria, and discharge summaries.

Project Recovery provided 9 client files between January 12, 2022 and March 18, 2022 for the Office of Licensing and Accreditation to review. Documentation in these additional files shows evidence that Project Recovery has remedied the areas of noncompliance that caused them to fall below the 70% compliance threshold. Therefore, the Office of Licensing and Accreditation will issue Project Recovery a one-year provisional accreditation certificate.

**AREAS ON NONCOMPLIANCE IN ADDITIONAL CLIENT CHARTS:**

1. According to 67:61:07:05(1), an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:



- Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family if applicable.

*Three out of four reviewed integrated assessments were missing strengths of the client.*

**Additional Client Chart Review Score: 96.8%**